

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39696 (2)
1. Corporation Name
U.Y.O. SCHOLARSHIP FUND OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
18305 BISCAYNE BLVD STE 401 MIAMI FL 33160 US

3. Date Incorporated or Qualified **08/24/1990** 3a. Date of Last Report **04/20/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0216576	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOLLANDER, ROBERT P
1000 E. ISLAND BLVD.
#904
MIAMI FL 33160

10. Name and Address of New Registered Agent

B1 Name: VIVIANNE H. SELLE
B2 Street Address (P.O. Box Number is Not Acceptable): 260 COVENTRY STREET
B3
B4 City: BOCA RATON FL B5 Zip Code: 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *V. Selle* **VIVIANNE H. SELLE, TREASURER** **2/12/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, ROBERT, P	1.2 NAME	DIANE SPEARS
STREET ADDRESS	1000 E ISLAND BLVD #904	1.3 STREET ADDRESS	P.O. BOX 4203
CITY-ST-ZIP	WILLIAMS ISLAND FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33429 N/A
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROOP, SUSIE	2.2 NAME	HARRY NERENBERG
STREET ADDRESS	901 SW 94TH AVENUE	2.3 STREET ADDRESS	1310B SW 90 PL
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMRICH, RITA	3.2 NAME	ROBBIN BETTIS
STREET ADDRESS	RT ONE, BOX 328 N/A	3.3 STREET ADDRESS	588 TIVOLI TRACE CIR #106
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VIVIANNE H. SELLE
STREET ADDRESS		4.3 STREET ADDRESS	260 COVENTRY STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *V. Selle* **VIVIANNE H. SELLE** **2/12/96** **(407)241-0625**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)